DOCUMENT RESUME

ED 416 064 RC 021 393

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TITLE From Practice to Theory: Uncovering the Theories of Human Change That Are Implicit in Your Work as an Adventure Practitioner.
PUB DATE 1996-09-00
NOTE 8p.; In: Spawning New Ideas: A Cycle of Discovery; see RC 021 376.
PUB TYPE Information Analyses (070) -- Speeches/Meeting Papers (150)
EDRS PRICE MF01/PC01 Plus Postage.
DESCRIPTORS *Adventure Education; *Behavior Change; Behavior Theories; Change Strategies; *Counseling Theories; *Experiential Learning; Individual Development; *Modeling (Psychology); Psychotherapy; *Theory Practice Relationship
IDENTIFIERS *Adventure Therapy; Experiential Therapy

ABSTRACT

This paper presents an overview of the need for theory in the field of adventure therapy. It also outlines one way of conceptualizing theories of human change as they relate to adventure therapy. The field of adventure therapy is young and has not had time to develop a coherent theoretical base. In order to contribute to the development of a shared language among adventure therapy practitioners, a conceptual map outlines program goals, the relationship of client to observer, and the resulting description of change in the client. The map illustrates the multiple perspectives on behavior change in adventure therapy programs and suggests the need to clearly articulate the theoretical and philosophical underpinnings of each program. A meta-view of "theories of action" in human change processes categorizes schools of psychotherapy as insight-based, noninsight-based, or both, and relates them to appropriate client problems, types of diagnostic issues, and goals of treatment. Also described are psychodynamic therapies focusing on the relationship between therapist and participant, "black box" therapies, and systems-based therapies. It is concluded that the program staff's philosophy and theories of human behavior are an essential part of the complex therapeutic milieu of an adventure therapy program. Contains 24 references. (SAS)

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ED 416 064

FROM PRACTICE TO THEORY: UNCOVERING THE THEORIES OF HUMAN CHANGE THAT ARE IMPLICIT IN YOUR WORK AS AN ADVENTURE PRACTITIONER

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Abstract
In this experiential workshop participants will interact with each other in the context of a conceptual map about the relationship between adventure practice and theories of education and of psychotherapy. From this, we hope that participants will gain a fuller understanding of the theories, models, principles and values that underpin their personal practice and the unspoken assumptions that are embedded in their employing organisation's culture.

Introduction

This paper provides the conceptual map that will provide the framework for our workshop and some introductory remarks about the nature of and the importance of theory - particularly in the field of adventure therapy. Whilst the focus of this paper and of the workshop is on adventure therapy, we expect that the experiential exploration in the workshop will produce outcomes that can be generalised to adventure-based training and development and to other broad areas of experiential education practice. The first part of the paper is a brief overview of the need for theory in adventure therapy. The second part outlines one way of conceptualising theories of human change as they relate to adventure therapy.

The role of theory in adventure therapy

Although adventure therapy had been practised in some forms for nearly a century in the USA, current forms of practice in the field of adventure therapy have only emerged in the past two decades (Berman, 1995). There has not been time for practitioners, theoreticians or researchers to reach consensus on core theoretical tenets or "best practices" for practitioners. In reference to wilderness therapy, which is one form of adventure therapy, Bandoroff (1992, p. 2 - 3) summarised lack of a coherent theoretical base:

> Theory development of wilderness therapy is in its early stages and is virtually untested. A single psychological model is unable to explain the complex forces at work in wilderness therapy process (Vokey, cited in Boudette, 1989). Understanding wilderness therapy requires theory from education, psychology, sociology, communication, recreation, and religion (Zwart, 1988). This multi disciplinary approach has frustrated the formulation of a comprehensive theory (Zwart, 1988; Boudette, 1989). Thus, the theory of wilderness therapy remains general and somewhat faddish since theoreticians lack expertise across disciplines.

Davis-Berman and Berman (1994) acknowledged the urgent need for a coherent theoretical base for wilderness therapy. Participants at a workshop on training needs for adventure therapists, held at Austin, Texas in 1994, described a need for access to the "desired knowledge base for adventure therapists" (Ringer and Berman, 1995, p. 1). Anecdotal data and data from the literature pointed towards there being a need for adventure therapy practitioners to have a shared understanding of the range of theoretical underpinnings for adventure therapy.

There has been significant activity in the development of conceptual models for adventure therapy since Bandoroff described the lack of coherent theoretical frameworks (Ringer, 1996), but as yet there does not appear to be a common language amongst adventure therapists for the discussion of their "conceptual maps". The framework below is offered as a contribution to the development of a shared language. The workshop for which this paper is written is intended to assist practitioners both to heal the rift between theory and practice (Gass, 1992) and to assist them to derive "theories of action" from their "theories in

RC 021393

use" (Kolb, 1992). The conceptual map presented below is a meta-view of "theories of action." "Theories in use" will emerge during the workshop.

The relationships between goals of "treatment" and theories of change

Our literature review reinforced the view that the specific outcome sought or goal of "treatment" for each client or client group is inextricably linked with the models of change that are both espoused and used by therapeutic staff. Table 1 illustrates how the view of the observer changes the emphasis on the change that is sought and described.

Table 1.
Program goals, relationship of client to observer and the resulting description of change in the client.

Goal, and description of change	Role of observer
Reduction in recidivism	Criminologist, police officer, lawyer
Gain in ego strength	Psychoanalytic therapist
Increase in self esteem, self -reflectiveness, self responsibility & locus of control	Clinical psychologist or program evaluator
Reduction in antisocial behaviour	Social worker
Psychological and social development	Developmental psychologist
Improved balance between Adult and Natural Child ego states	Transactional analyst
Increase in openness	Friend
Increase in helpfulness	Neighbour
Improved concentration and academic achievement	Teacher
Positive spiritual development	Religious instructor

Table 1 illustrates that multiple perspectives may be taken on the changes in behaviour engendered by adventure therapy programs. Because of the numerous possible perspectives available, practitioners require a means to provide them with clarity so that they can select and apply specific human change techniques in their work. This clarity could be provided by clear program goals and a clear articulation of the theoretical and philosophical underpinnings of each program.

A meta-view of "theories of action" in human change processes.

We conducted an extensive review of the literature about how many theories of change exist in the helping professions. In the field of psychotherapy alone considerable diversity became apparent. Zeig and Munion (1990) identified nine "families" of psychotherapy" but Mahoney (1991) described six families of theories comprising over 400 distinguishable forms of psychotherapy. Haley (1985, pp. 19 - 20) named only three broad theories of change. The first, insight theory, "...is based on the view that men and women are rational, and if they understand themselves, they will change." The second category "...derives from learning theory and proposes that people change when the reinforcements that determine their behaviour are changed" and the third, systems theory, "...is the idea that people are participants in a homeostatic system and the governors of that system must be reset to bring about change."

A synthesis of Haley's (1985 and 1986), Mahoney's (1991) with Zeig's and Munion's (1990) classifications was found to provide a potentially useful framework for the theoretical principles that underlie adventure therapy. Haley's (1985) "insight based" therapies were subdivided into two categories. The first category relies on the therapist taking an active role in the group and actively engaging with the group and with individual members in the group setting. This first group includes existential, humanistic, transpersonal and spiritually based therapies. The second category of "insight based" psychotherapies relies on the therapist remaining more aloof and providing a less interactive but more "neutral" image so that the clients' habitual patterns of transference and projections become visible and can be used as a basis for therapy (Ashbach and Schermer, 1994). This second category of insight based

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psychotherapy includes psychodynamic therapies like traditional psychoanalysis and object relations approaches (Schermer and Pines, 1994; Young, 1994). The categories of psychotherapy that we see as underpinning adventure therapy programs are depicted in Table 2.

Table 2.
The relationship between schools of psychotherapy, client presenting problems, types of diagnostic issues and goals of treatment in the context of adventure therapy programs.

Names of schools of psychotherapy	Client presenting problem	Types of diagnostic issues	Goals of treatment
INSIGHT BASED THERAPIES.			
Existential, humanistic, transpersonal and spiritual. (Bugental, Jung Rogers, May, Hillman, Yalom.)	Motivated to develop a deeper understanding of themselves and other people. Wish to have greater interpersonal authenticity & honesty.	Anxiety. Depression. Substance abuse. Adjustment disorders.	Encourage full exploration and appropriate expression of feelings. Develop openness, honesty, & spontaneity. Live in "here & now."
Psychodynamic: Object Relations, Self Psychology. (Freud, Kohut, Kernberg etc.)	Moving from being primarily concerned with what other people think to choosing one's own rules. Motivated to understand how issues beyond conscious awareness, especially early, trauma may impact current behaviour.	Anxiety. Depression. Substance abuse. Adjustment Disorders. Post traumatic stress disorder. Early sexual or physical abuse.	Re-experience early family issues and remedy developmental arrests. Uncover buried feelings associated with past events that impact current behaviour. Heal early traumas. Gain insights about family of origin issues.

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Names of schools of psychotherapy	Client presenting problem	Types of diagnostic issues	Goals of treatment
EITHER INSIGHT OR NON-INSIGHT BASED			
Systems and family therapy. (Haley, Madanes, Minuchin, White.)	Individual sees his or her fate as being entwined with the fate of a primary relationship (couple, family, parent-child, work group colleague). Behaviour is determined by the behaviours and opinions of other people. Behaviour is governed by the rules of the group.	Any issue that concerns a relationship or interaction with other people. Issues involving child-parent, partners, couples and families. Entrenched destructive or self - destructive patterns of interpersonal behaviour demonstrated in given environment.	Create an imbalance in relationships to facilitate formation of newer, clearer interpersonal boundaries. Interrupt maladaptive patterns of behaviour. Initiate and support more functional patterns of behaviour.
NOT INSIGHT BASED			
Behaviourist (including cognitive behavioural) (Bandura, Beck, Ellis, Glasser, Masterson, Meichenbaum, Wolpe.)	Clients have little impulse control or are gaining impulse control. Client behaviour is calculated to gain rewards without punishment. Client behaviour is largely a function of reward and punishment.	Conduct Disorder. Oppositional Defiant Disorder. Disorders of Impulse. Childhood and Adolescent issues. Substance Abuse.	Eliminate maladaptive and anti social behaviours and learn newer, effective behaviours. Provide external stimulus to initiate and maintain new behaviours.

Table 2 shows that particular schools of psychotherapy are suited to different client presenting problems. Furthermore, there is a complex interdependence between goals of treatment, client presenting problem and the types of diagnostic issues raised by the client's behaviour. The table is a severe condensation of an extensive field of topics and so should be treated as providing useful generalisations only. Further information about matching client problems and issues with psychotherapeutic approaches can be found in Mahoney, (1991), Meares, (1992), Schermer and Pines, (1994), Selekman, (1993) and Swensen, (1980).

"Client presenting problems," as shown in the second column of Table 2, provides a focus for treatment. Identifying the client issue enables the adventure therapist to select one or more common goals of treatment - in the fourth column of Table 2 - and describe types of diagnostic issues frequently encountered - in the second column of Table 2. These three criteria are all derived from the client's description of his or her problem and from the therapist's assessment of the client (Gass and Gillis, 1995). After matching the client's issues and problems with the program goals, the adventure therapist then selects intervention strategies. The first column in Table 2 provides an indication of the models of psychotherapy from which intervention strategies can be selected for particular program goals and client problems. The question then remains about the link between the meta-theory shown in table 2 and the

6 BEST COPY AVAILABLE

practice of adventure therapy. In the severely condensed descriptions that follow, we have used examples of how some of the general principles of three main "schools" of therapy can be translated into practice.

Psychodynamic therapies. Psychodynamic techniques focus on the relationship between the therapist and the participant, and on the relationships between the participants themselves. Transference and projection in the relationship between the participant and the leader provides much of the material for discussion (Meares, 1992; Rowe & Isaac, 1991). Adventure activities are structured so that positive interdependence develops between group members as the adventure activity proceeds. The pre activity discussion focuses on the importance of relationships and communication between members. The post activity discussion highlights positive interpersonal experiences in the group and enables participants to draw new conclusions about who they are.

The use of psychodynamic strategies in groups calls for moderately well developed conceptual and verbal skills, as well as a group that has developed some trust between members themselves and between group members and the leader(s). Psychodynamic processes can be used with survivors of sexual abuse and persons with low self esteem who have not become alienated (O'Brien, 1990).

"Black box" therapies. Leaders of "black box" adventure therapy processes attempt to set up activities with accompanying constraints so that the structure of the activity itself encourages participants to behave in new ways that are likely to be appropriate for the environment to which they will return after the therapy program has ended. Pre-activity information is usually little more than a description of the rules for the activity. Post-activity discussion focuses on what the participants did differently and how the specific new behaviours can be applied to the participants' future lives. No attempt is made to discuss thinking or feeling, or to attribute meaning to the new behaviours (Zeig, 1990). Black box therapies are best suited to clients whose internalised sense of responsibility is diminished, who are constantly "acting out" and who have a limited capacity for self reflection. Because of the suitability of "black box" therapies to law-breaking clients, many programs for criminal offenders use behaviourist oriented strategies.

Systemsbased therapies. Leaders of systems based therapy processes view each participant as a part of a complex and unique interrelated social system, and hence creating a change in any part of that system may trigger a number of changes in other parts of the system (Haley, 1986; Plas, 1986; Watzlawick, 1974). Systemic techniques are intended to unbalance the homeostasis of the client's social system so that new and more helpful patterns of behaviour emerge and become habitual. Where the adventure therapy group includes only one member of a participant's social system the assumption is made that developing a new behaviour in the client will result in unbalancing that client's social system when they return to their pre-therapy setting. Where more than one member of the client's social system is present in the therapy setting the intervention is based on identifying unhelpful behaviour patterns and changing the patterns of interaction in the whole system as the therapeutic process unfolds (Bandoroff, 1992; Gass, 1993). Systems approaches can embody aspects of and techniques from other approaches so are well suited to working with social systems as well as individuals. Systemic methodologies can be applied to almost any situation given that the therapist has a sound grasp of systemic principles and is not simply applying therapeutic "tricks" (Bacon, 1993; Gass & Priest, 1993).

Conclusion

The philosophy and theories of human behaviour of program staff form an essential part of the complex dynamic therapeutic milieu of an adventure therapy program. Paying close attention to the many interrelated factors involved in any program has the potential to raise the standards of practice.

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Biography

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